

OCT 23 2006

PAGE 1/2 * RCVD AT 10/23/2006 5:27:34 PM [Eastern Daylight Time] * SVR:USPTO-EFXXRF-1/15 * DNIS:2738300 * CSID:5053141307 * DURATION (mm:ss):01:00

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/823,356
Filing Date	04-13-2004
First Named Inventor	Elson Da Silva, Campinas, (BR)
Art Unit	2861
Examiner Name	VO, ANH T N
Attorney Docket Number	1000-1399

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

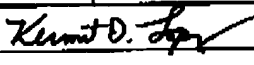
The reasons for this request are:

Conflict of interest. The client insists upon taking actions with which we have a fundamental disagreement.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
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☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or	Elson Silva, Ph.D				
Address	Av. Dr. Julio Soares de Arruda, 838 Parque São Quirino, CEP 13088-300 - Campinas, SP, Brazil				
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Date	October 23, 2006	Telephone No.	505-314-1310		

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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